

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-915)						SERIAL NO. <b>097762952</b>	FILING DATE
						APPLICANT(S)	
7-9-04						CLAIMS	
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51
2							52
3							53
4							54
5							55
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42							92
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44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	6				15		TOTAL IND.
TOTAL DEP.	18				27		TOTAL DEP.
TOTAL CLAIMS	24				42		TOTAL CLAIMS

PTO-1350 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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